

COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
REQUEST FOR EXTRA-ORDINARY PAYMENT OF ATTORNEY FEES
THIS INFORMATION IS CASE SENSITIVE AND NOT OPEN RECORDS

State vs. _____
Case No(s). _____ County: _____ Charge(s) _____

I, _____, do herein request that I be authorized
(contractor name, firm name)
to receive payment in this matter for extraordinary attorney fees in excess of an amount
permitted under the Commission's Policy on Payment of Extraordinary Attorney Fees. I expect
that this matter will require attorney fees in the total amount of \$ _____ (____ hours, total).

Set forth reasons why attorney fees in an amount in excess of that permitted under the Policy on
Payment of Extraordinary Attorney Fees is required in this case assignment:

Dated this ____ day of _____, 200__

Signed: _____

Submit to Commission on Legal Counsel for Indigents P.O. Box 149, Valley City, ND 58072 Fax: 701-845-8633

AUTHORIZATION FOR PAYMENT OF EXTRAORDINARY ATTORNEY FEES

I, Robin Huseby, Director of the Commission on Legal Counsel for Indigents, or my designee,
do herein _____ the above request for extra-ordinary expenditures in the above-
(Approve) (Deny)
referenced case with the following comments:

Dated this ____ day of _____, 200__.

Robin Huseby, Director, or Designee

Faxed or mailed to _____ this ____ day of _____, 200__.